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CONFIRMATION NO. 5647

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|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>10/808,044 | FILING DATE<br>03/24/2004<br><br>RULE | CLASS<br>514 | GROUP ART UNIT<br>1623 | ATTORNEY DOCKET NO.<br>9233.14DV |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/474,915 12/31/1999 PAT 6,713,454  
which claims benefit of 60/153,649 09/13/1999 *LCM*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none/LCM*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/04/2004

|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>LCM</i><br>Examiner's Signature _____ Initials _____ | STATE OR<br>COUNTRY<br>NC | SHEETS<br>DRAWING<br>6 | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>2 |
|---|---------------------------|------------------------|-----------------------|----------------------------|

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## TITLE

~~Amphiphilic prodrugs~~ Treatment of cancers, tumors and malignancies using amphiphilic prodrugs

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|------------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>1170 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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